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	Serial No.: 10/016,232 Filing Date: 12/06/2001 Applicant: Ross A. Donelly Atty. Dkt. No.: SYN-0182					
Phone:	(703)		Date:	December 10, 2003		
Faxo	(703) 872-9306		ages;	9 (including Fax coversheet)		
To:	Commissioner of Patents Centralized Fax		From:	Jeanette S. Harms, Esq. Phone: (408) 451-5907 Email: jharms@beverlaw.com		

• Comments:

FOLLOWING IS THE RESPONSE TO THE FINAL OFFICE ACTION FOR THE ABOVE-REFERENCED MATTER.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE AND OTHERS WHO HAVE BEEN SPECIFICALLY AUTHORIZED TO RECEIVE SUCH. IF THE RECIPIENT IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, OR IF ANY PROBLEMS OCCUR WITH TRANSMISSION, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (408) 451-5900.

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002

Atty. Dkt. No: SYN-0182

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ross A. Donelly et al.

Application No.: 10/016,232

Art Unit.: 2825

Filing Date:

12/06/2001

Examiner: Magid Y. Dimyan

"MULTTIPLE PASS OPTIMIZATION FOR AUTOMATIC ELECTRONIC CIRCUIT PLACEMENT"

Mail Stop AF Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Date: December 10, 2003

<u>AMENDMENT TRANSMITTAL</u>

- 1. Transmitted herewith is an amendment for this application.
- 2. STATUS: Applicant is other than a small entity.
- EXTENSION OF TERM: The proceedings herein are for a patent application and the provisions of 3. 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
- 4. FEE FOR CLAIMS: The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2)	(Col. 3)	LARGE ENTITY				
	Claims Remainin After Amendme	g	Highest No. Previously Paid For	Present Extra	Rate			
Total	20	Minus	20	= 0	x \$18 =	\$0		
Indep.	5	Minus	3	= 0	x \$86 =	\$0		
First Pres	entation of M	lultiple Dep	ndent Claim		+ \$290 =	\$0		
					Total Addit. Fee	\$ <u>0</u>		

No additional fee for claims is required.

5. FEE DEFICIENCY: If any additional extension and/or fee is required, please charge Deposit Account No. 50-0574.

Customer No. 35273

Tel.: (408) 451-5907

Jeanette S. Harms

Reg. No. 35,537

CERTIFICATE OF TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date sho	n below, this correspondence is being	g transmitted by	facsimile to the Patent and
Trademark Office.		•	

12/10/03

Signature: Relucest & BALLMANK